

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 4. b. Page 7

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- r. Personal comfort items, durable medical equipment, oxygen, orthotic appliances or prosthetic devices;
- s. Drugs provided through the Louisiana Medicaid Pharmacy Program;
- t. Laboratory services; and
- u. Social Worker visits.

6. Standards for Payment

- a. EPSDT Personal Care Services shall be authorized only when provided to EPSDT eligibles and only by a staff member of a licensed Personal Care Services agency enrolled as a Medicaid provider. A copy of the current PCS license must accompany the Medicaid application for enrollment as a PCS provider and additional copies of current licenses shall be submitted to Provider Enrollment thereafter as they are issued, for inclusion in the enrollment record. The provider's enrollment record must at all times include a current PCS license. Enrollment is limited to providers in Louisiana and out-of-state providers only in trade areas of states bordering Louisiana (Arkansas, Mississippi, and Texas).
- b. The unit of service billed by EPSDT PCS providers shall be one-half hour, exclusive of travel time to arrive at the recipient's home. The majority (25 minutes) of the unit of time shall have been spent providing services in order to bill a unit.
- c. EPSDT Personal Care Services are limited to a maximum of four hours per day per recipient as prescribed by the

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL 07 1995</u>	
DATE APP'D <u>AUG 30 1995</u>	
DATE EFF <u>APR 01 1995</u>	
HCFA 179 <u>95-09</u>	

IN# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 4. b. Page 8

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

recipient's attending physician and prior authorized by the
Bureau of Health Services Financing (BHSF) or its
designee. Extensions of this limit may be requested if
medically necessary.

STATE	<i>Louisiana</i>	A
DATE REC'D	JUL 07 1995	
DATE APP'D	AUG 30 1995	
DATE EFF	APR 01 1995	
HCFA 179	95-09	

TN# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services - Item 5.
42 CFR
440.50

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE RECIPIENT'S HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH LIMITATIONS AS FOLLOWS:

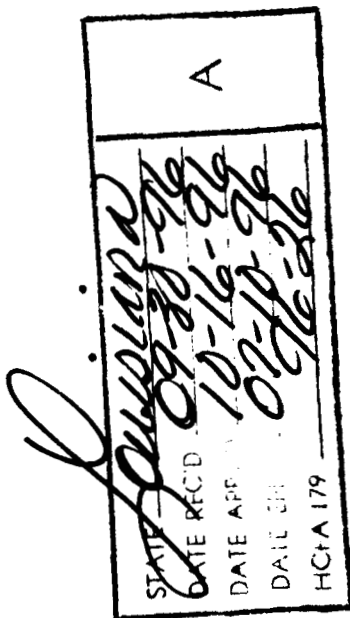
A. Physician Services

Physician's services furnished by a physician, whether provided in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Up to twelve (12) **outpatient physician visits** are reimbursed per state fiscal year with provision for extension if medically approved. The following are included as outpatient physician visits:
 - a. Physician services provided in a clinic in an outpatient hospital setting are considered physician services, not outpatient hospital services, and shall be included in the limit of twelve physician visits per state fiscal year per recipient.
 - b. Services provided by a dentist as described in Attachment 3.1-A, Item 5. J. will be counted against the physician limits set forth in this section.
 - c. Services provided by a nurse practitioner as described in Attachment 3.1-A, Item 24, will be counted against the physician limits set forth in this section.
 - d. Each Federal Qualified Health Center (FQHC) or Rural Health Clinic (RHC) visit (i.e. encounter) is included as one of the twelve physician visits allowable per state fiscal year for Medicaid eligibles who are twenty-one years of age or older.

EXTENDED SERVICES FOR PREGNANT WOMEN DESCRIBED IN ATTACHMENT 3.1-A, ITEM 20.a. WILL NOT BE COUNTED AGAINST THE PHYSICIAN LIMITS SET FORTH IN THIS SECTION.

EPSDT RECIPIENTS MAY BE EXCLUDED FROM SERVICE LIMITATIONS BASED ON MEDICAL NECESSITY



IN# 96-26 Approval Date 10/16/96 Effective Date 07/10/96
Supersedes
TN# 96-03

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.50

Medical and Remedial Care and Services - Item 5 (cont'd)

2. One (1) **inpatient physician visit** per day may be reimbursed for each day of a Title XIX eligible admission without surgery.
3. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.

B. End Stage Renal Disease

Payment of reasonable charges will be made to physicians in a certified Title XVIII center for provision of dialysis and related care.

C. Payment for Medications to Dispensing Physicians

Payment will be made for medications dispensed by a physician on a continuing basis only when his main office is more than five miles from a facility which dispenses drugs. Payment for these medications is in accordance with the established maximum pharmaceutical price schedule, or standards for drugs.

D. Payment for Physician Services in a Teaching Facility

Payment of reasonable charges will be made to the teaching physician who renders direct patient care while serving as the "attending physician" in a recognized teaching facility. The physician must, as demonstrated by performance of the activities required by the Bureau of Health Services Financing for reimbursement (see Attachment 4.19-B., Item 5., Section II), render sufficient personal and identifiable

STATE <u>Louisiana</u>	A
DATE RE <u>07-31-96</u>	
DATE A <u>10-16-96</u>	
DATE EFF <u>07-10-96</u>	
HCFA 179 <u>96-26</u>	

1 N# 96-26 Approval Date 10/16/96 Effective Date 07/00/96
Supersedes
TN# 96-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 5, Page 2

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
441.200 Item 5. (Contd.)

medical services to the patient to exercise full, personal control over the management of the portion of the case for which a charge can be recognized. The services to the patient in the teaching facility must be of the same character, in terms of the responsibilities to the patient that are assumed and fulfilled, as the services that would normally be rendered to paying patients.

The term "physician" does not include any resident or intern of the teaching facility regardless of any other title by which he is designated or his position on the medical staff.

Hyde
Amendment to
Health and
Human Services
Appropriation
Act of 1993

E. Payment for Physician Services for Abortions

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgement, the life of the mother would be endangered.

Payment will be made to the attending physician for abortions terminating pregnancies resulting from rape or incest in accordance with provisions of State law (La.R.S. 40:1299.34.5 and La.R.S. 40:1299.35.7 as amended and enacted by Act 1 of the Fourth Extraordinary Session of the 1994 Legislature).

STATE <u>Louisiana</u>	A
DATE REC'D <u>8-31-94</u>	
DATE APP'D <u>9-14-94</u>	
DATE EFF <u>8-24-94</u>	
HCFA 179 <u>94-29</u>	

TN# 94-29 Approval Date 9/14/94 Effective Date 8/24/94
Supersedes
TN# 82-11

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

MEDICAL AND REMEDIAL
CARE AND SERVICES
ITEM 5 (cont.)

F. Payment for Physician Services for Non-therapeutic Sterilization

Payment will be made to physicians for non-therapeutic (elective) sterilization. This is defined as medical procedures which are performed for the sole or primary purpose of rendering an individual incapable of reproducing. The reason for which the individual (male or female) decides to take permanent and irreversible steps to prevent reproduction. It may be for social, economic or psychological reasons or because a pregnancy would be inadvisable for medical reasons. All procedures which meet the above definition are subject to the following requirements:

(1) Recipients Eligible for Payments

- (a) The patient must be at least 21 years of age.
- (b) The patient must be mentally competent. At the present time, for the purpose of Federal Financial Participation, a mentally retarded individual can be considered legally incompetent only if he has been found to be so by a court of competent jurisdiction or if he is so identified by virtue of a provision of state law.
- (c) The patient must have signed a consent form which meets all the requirements for sterilization.
- (d) The consent form must be signed at least 72 hours prior to the surgery.

(2) Requirements for Sterilization Procedures - Informed Consent

All eligible persons requesting non-therapeutic sterilization shall be afforded:

- (a) A fair explanation of the procedure to be followed;

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-26-78</u>	
DATE APP'D <u>JUL 31 1978</u>	
PCO-11 <u>78-13</u>	

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION MEDICAL AND REMEDIAL
 CARE AND SERVICES
 ITEM 5 (Cont.)

- (b) A description of the attendant discomforts and risks;
- (c) Counseling concerning appropriate alternative methods; and the effect and impact of the proposed sterilization including the fact that it must be considered to be an irreversible procedure;
- (d) An offer to answer any inquiries concerning the procedure; and
- (e) An instruction that the individual is free to withhold or withdraw his or her consent to the procedure at any time prior to the sterilization without prejudicing his or her future care and without loss of other project or program benefits to which the patient might otherwise be eligible.

(3) Provision for Written Consent

The patient shall be given a written consent document, by the physician or clinic detailing all of the basic elements of informed consent. Each consent document shall display the following legend printed prominently at the top:

"NOTICE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefit provided by programs or projects."

G. Payment For Physician Services For Diagnostic and Laboratory Services

Payment for diagnostic and laboratory services, rendered in a physician's office, is limited to those services which the physician has on file with the Medical Assistance Program (Provider Enrollment) in a list of his/her diagnostic and/or laboratory equipment, the capabilities of such equipment and permits verification of this data in accordance with the provider agreement.

STATE <u>LA</u>	A
DATE REC'D <u>2/2/82</u>	
DATE APPV'D <u>2/22/82</u>	
HCCA 179 PCO-11 <u>82-1</u>	

Superseded 78-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 5, Page 5

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Citation
42 CFR
440.50

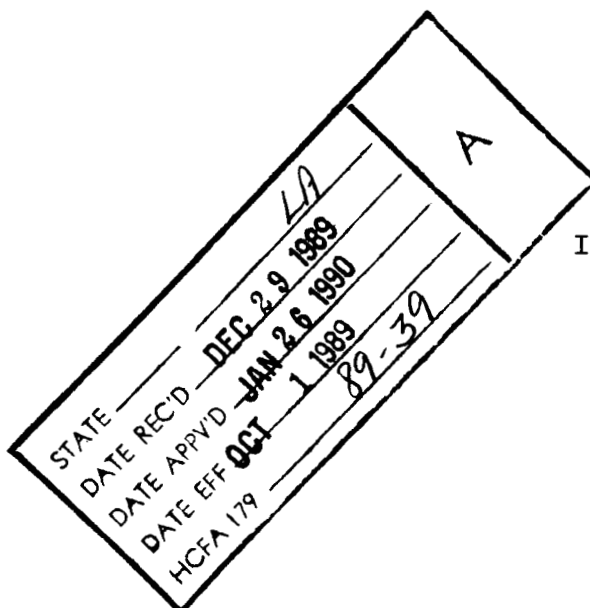
Medical and Remedial
Care and Services
Item 5 (Cont.)

H. Ambulatory (outpatient)
Surgery on an Inpatient
Basis

Certain surgical procedures, as specified in Chapter 19, which are performable on an outpatient or ambulatory basis, require authorization from the Bureau of Health Services Finances when performance of the procedure occurs on an inpatient basis, for payment to be made.

Documentation of the medical circumstances which substantiate the performance of the procedure(s) on an inpatient basis must be submitted with the request to the BHSF for authorization.

I. Services related to organ transplants to be performed at a designated transplant center must be authorized by the BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in Chapter 19 equally to all similarly situated individuals.



89-39 Approval Date JAN 26 1990 Effective Date OCT 1 1989
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 3.1-A
Item 5.b.

MEDICAL ASSISTANCE PROGRAM

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Citation

42 CFR

400.100

Medical and Remedial Care and Services

Item 5.b.

Medical and Surgical Services furnished by a Dentist (in accordance with section 1905(a)(5)(B) of the Act).

1. Dental services, defined as select services payable when performed by physicians, are payable when performed by dental providers. Reimbursement will be limited to those services involving diseases or conditions involving the head and neck commonly accepted as being within the scope of the practitioners' training and expertise. These services include oral-surgical procedures relative to trauma, malignancies, certain life-threatening conditions, and other specific procedures judged necessary to the enhancement of the quality of life of recipients. Coverage for these services include adults as well as EPSDT eligibles.
2. Extraction of teeth, preprosthetic surgery, restoration of teeth, endodontia, periodontia, etc., are not covered under this service. These types of services are available through the EPSDT services and are described in Attachment 3.1-A, Item 4(b). Adult denture services are described in Attachment 3.1-A, Item 12.b.
3. Dental services to be provided on an inpatient basis require authorization from BHSF for payment to be made. Documentation of the medical circumstances which substantiate the need for the performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.
4. Services provided as described under this item will be counted against the physician limits as set forth in Attachment 3.1-A, Item 5.a., except those performed on an inpatient basis. EPSDT recipients are excluded from service limits.

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STATE	LOUISIANA
DATE REC'D	05-28-97
DATE APP'D	05-16-97
DATE EFF.	01-01-97
HOA #	74

TN#

97-09

Approval Date

05/16/97

Effective Date

01/01/97

Supersedes

TN#

Attachment 3.1-A, Item 5, Page 6 (90-03)
Attachment 3.1-A, Item 5, Page 7 (TN 90-19)
Attachment 3.1-A, Item 10, page 1 (TN 89-39)
Attachment 3.1-A, Item 10, Page 2 (TN 90-19)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
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STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.60

MEDICAL AND REMEDIAL
CARE AND SERVICE
Item 6.

Item 6a.

Medical Care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State law are limited as follows:
Podiatry Services

Podiatrists shall be limited to performing only those Health Care Procedural Codes (HCPC) they are licensed to perform under State Law which are currently covered under Louisiana's Title XIX program as Physician services as defined in 42 CFR 440.50.

Podiatrists and recipients (seeking treatment from Podiatrists) shall be subject to the same service requirements and limitations as other practitioners included in Physician Services reimbursement.

EPSDT recipients are excluded from service limits.

Item 6b.

Optometrist Services

The Bureau of Health Services Financing makes payment to optometrists for their services that are within the scope of optometric practice and will receive Medicaid reimbursement to the same extent, and according to the same standards, as physicians who perform these same eye services. EPSDT recipients are excluded from service limits.

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DATE REC'D <u>JUL - 2 1990</u>	
DATE APPV'D <u>AUG - 1 1990</u>	
DATE EFF <u>APR - 1 1990</u>	
HCFA 179 <u>90-19</u>	

TN No. 90-19 Approval Date AUG - 1 1990 Effective Date APR - 1 1990
Supersedes
TN No. 89-39